

☒ Original ☐ Amendment

**U.S. House of Representatives
110th Congress
MEMBER / OFFICER
POST-TRAVEL DISCLOSURE FORM**

This form is for disclosing the receipt of travel expenses from a private source for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the Member or officer's annual Financial Disclosure Statement. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 15 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are received. *Obtain the dollar amounts from the sponsor; if exact dollar amounts are unavailable, provide a good faith estimate.*

Name of Member or Officer (print or type): Congressman Michael C. Burgess, M.D.

Name of Accompanying Family Member (if any): Laura Burgess

Relationship to Member/Officer: ☒ Spouse ☐ Child ☐ Other (specify): _____

Date of Departure and Date of Return: Friday, May 16 - Sunday, May 18, 2008

Dates at personal expense: Saturday, May 17

Itinerary (cities of departure - destination - return): Dallas, TX - New York, NY - Dallas, TX

Sponsor(s) (who paid for the trip): National Osteoporosis Foundation (NOF)

Describe meetings and events attended (attach additional pages if necessary): _____

NOF's 13th Annual Silhouette Ball

Attached to this form are EACH of the following (signify "yes" for each item by checking the corresponding box):

1. ☒ the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments;
2. ☐ the Privately-Sponsored Travel Approval Form completed by the Member or officer; **and**
3. ☐ the Committee on Standards' letter approving my participation on this trip.

I represent that I participated in each of the activities reflected in the sponsor's agenda (signify "yes" by checking box): ☒

If not, explain: _____

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OFFICE OF THE CLERK
LEGISLATIVE RESOURCE CENTER

TRIP EXPENSES:

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:	\$1,127.00	\$419.00	\$200.00
For accompanying family member:	\$1,127.00	_____	\$200.00

	Other Expenses (dollar amount)	Specific Nature of Expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:	\$271.56	Car to/from the Waldorf=Astoria Hotel
For accompanying family member:	_____	Traveling with Member

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER: _____

DATE: _____

Version date 4/2007 by Committee on Standards of Official Conduct

**U.S. House of Representatives
Committee on Standards of Official Conduct**

**PRIVATELY SPONSORED TRAVEL: TRAVELER FORM
For Members, Officers and Employees
(submit directly to the Committee)**

This form should be completed by House Members, officers or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule XXV, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer or employee, together with the completed and signed Private Sponsor Travel Certification Form.

Members, officers and employees seeking approval for travel are urged to submit all forms to the Committee at least 30 days before travel is scheduled to begin. The failure to provide the Committee with adequate time to review the form and attachments may result in the invitee not receiving approval for the trip. A copy of this form will be made available for public inspection. Please type form. Form (and any attachments) may be faxed to the Committee at (202) 225-7392.

1. Name of Member, officer or employee (traveler): Michael C Burgess, M.D. TX-26
2. Sponsor(s) (who will be paying for the trip): National Osteoporosis Foundation
3. Travel destination(s): Dallas/Ft. Worth to New York City, NY to Dallas/Ft. Worth, TX
4. a. Dates of travel: Friday, May 16-Sunday, May 18
b. Will you be extending the trip at your personal expense? ☒ Yes ☐ No
If yes, dates at personal expense: Saturday May 17
5. a. Name of accompanying family member (if any): Laura Burgess
b. Relationship to Member/Officer: ☒ Spouse ☐ Child ☐ Other (specify): _____
6. a. Did the trip sponsor answer "yes" to Question 9(c) on the Trip Sponsor form (i.e., the travel is being sponsored by an entity that employs a lobbyist)? ☒ Yes ☐ No
b. If yes, check one of the following:
(1) Approval for one-night's lodging and meals is being requested: ☒ or
(2) Approval for two-nights' lodging and meals is being requested: ☐
If "(2)" is checked, explain why the second night is warranted: _____
Second night will be at Member's expense.
7. Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other attachments (indicate that form is attached by checking box): ☒


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BURGESS.

8. Explain why participation in the trip is connected to your official or representational duties:
Dr. Burgess will be receiving the Paul G Rogers Leadership Award at the National Osteoporosis Foundation
Silhouette Ball.

9. I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: 

Name of Signatory (if other than traveler): Amanda Stevens, Scheduler

For staff, name of employing Member/Committee: _____

Office address: 1224 Longworth HOB, Washington, DC 20515

Phone number: 202-225-7772

Email address: Amanda.Stevens@mail.house.gov

NOTE: You must complete the contact information fields above, as Committee staff may need contact you if additional information is required.

FOR STAFF:

TO BE COMPLETED BY YOUR EMPLOYING MEMBER:

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member

Date: _____

If there are any questions regarding this form please contact the Committee:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (fax)

Version date 9/2007 by Committee on Standards of Official Conduct

U.S. House of Representatives
Committee on Standards of Official Conduct

PRIVATE SPONSOR TRAVEL CERTIFICATION FORM
(provide directly to each House invitee)

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers or employees under House Rule XXV, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer or employee, who will then forward it to the Committee. The trip sponsor should NOT submit the form directly to the Committee.

Private sponsors are urged to submit this form to each House invitee at least 30 days before travel is scheduled to begin. The failure to provide the Committee with adequate time to review the form and attachments may result in the invitee not receiving approval for the trip. The submission of an incomplete form will delay the review process. Before completing this form, sponsors are urged to carefully review the Committee's private travel guidelines and advisory memoranda detailing the rules and restrictions for private travel, as well as the instructions for completing this form. Sponsors should call the Committee with any questions prior to submitting the form. Please type form.

1. Sponsor(s) (who will be paying for the trip): National Osteoporosis Foundation (NOF)
2. I represent that the trip will not be financed (in whole or in part) by a federally-registered lobbyist or a registered foreign agent (signify "yes" by checking box): ☒
3. I represent that the trip sponsor(s) has not accepted from any other source funds earmarked directly or indirectly to finance any aspect of the trip (signify "yes" by checking box): ☒
4. Is travel being offered to an accompanying family member of the House invitee(s)? ☒ Yes ☐ No
5. Provide names and titles of ALL House invitees; for each invitee, provide explanation of why the individual was invited (include additional pages if necessary): U.S. Representative Michael C. Burgess
invited as NOF Gala award honoree.
6. Dates of travel: Friday, May 16 - Sunday, May 18, 2008
7. Cities of departure - destination - return: Dallas, TX to New York City
8. Attached is a detailed agenda of the activities taking place during the travel (i.e., an hourly description of planned activities) (signify "yes" by checking box): ☒
9. I represent that (check one of the following):
 - a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: ☐ or
 - b. The sponsor of the trip does not retain or employ a federally registered lobbyist or registered foreign agent: ☐ or
 - c. The trip is for attendance at a one-day event and lobbyist involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations. ☒
10. If travel is for participation in a one-day event (i.e., if you checked Question 9(c)), check one of the following:
 - a. One-night's lodging and meals are being offered: ☒ or
 - b. Two-nights' lodging and meals are being offered: ☐If "b" is checked, explain why the second night is warranted: _____

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CLERK

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11. If the trip is not sponsored by an institution of higher education, I represent that a federally-registered lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (signify "yes" by checking box): ☒
12. Private sponsors must have a direct and immediate relationship to the purpose of the trip or location being visited. Describe the role of each sponsor in organizing and conducting the trip: NOF is the sponsor of the annual gala and is responsible for all aspects of the event.
13. Describe each sponsor's organizational interest in the purpose of the trip: NOF's gala raises funds for the mission of our charitable organization and honors leaders who have helped raise awareness of osteoporosis issues.
14. Describe the type and class of the transportation being provided. Indicate whether coach, business-class or first-class transportation will be provided. In addition, for travel via aircraft, please indicate if travel is being offered on a commercial flight, chartered flight or on an aircraft operated or paid for by a carrier not licensed by the Federal Aviation Administration to operate for compensation or hire (i.e., a private aircraft). If first-class fare is being provided, or if travel is via chartered or private aircraft, please provide an explanation describing why such travel is warranted: Coach class commercial air travel and ground transportation provided.
15. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (signify "yes" by checking box): ☐
16. I represent that either (check one of the following):
- a. The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: ☒ or
 - b. The trip involves events that are arranged or organized *specifically with regard* to congressional participation: ☐
- If "b" is checked, detail the cost per day of meals (approximate cost may be provided): _____
17. Reason for selecting the location of the event or trip: This annual gala, in its 13th year, has historically taken place in NYC.
18. Name of hotel or other lodging facility: The Waldorf=Astoria
19. Cost per night of hotel or other lodging facility (approximate cost may be provided): \$419.00
20. Reason(s) for selecting hotel or other lodging facility: NOF has event contract with the Waldorf and guest rooms are located here.

21. TOTAL EXPENSES FOR EACH PARTICIPANT:

<input type="checkbox"/> actual amounts <input checked="" type="checkbox"/> good faith estimates	Total Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or employee		\$419	\$200
For each accompanying family member		—	\$200

	Other Expenses (dollar amount)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or employee	\$180	Car to/from the Waldorf
For each accompanying family member		

22. I represent that reimbursement for miscellaneous travel expenses for the trip, such as travel to and from airports, security costs, interpreter fees, visa application fees, and similar expenses, will be for actual costs incurred and are necessary for the purpose of the trip (*signify "yes" by checking box*): ☒

23. I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Kelly Austin

Name and title: Kelly Austin

Organization: National Osteoporosis Foundation

Address: 1232 22nd St., NW Washington, DC 20037

Telephone number: (202) 721-6342

Fax number: (202) 223-9655

Email Address: kellyc@nof.org

The Committee staff may contact the above individual above if additional information is required.

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (general fax)
(202) 226-7172 (fax for travel approvals)

Version date 4/2007 by Committee on Standards of Official Conduct

DR. AND MRS. BURGESS LOGISTICS FOR NOF GALA – FRIDAY, MAY 16, 2008



- AIR & CAR TRAVEL

- Friday, May 16

- American Airlines Flight 712 (Airline record locator: MPEHEQ)
 - Depart Dallas/Fort Worth (DFW) at 10:05am
 - Arrive New York, NY (LGA) at 2:35pm
 - Car Pickup at 2:30pm from Baggage (Greeter present) – taken to Waldorf=Astoria Hotel (about 30 min drive time). **Confirmation: WA3005099-1**

- Sunday, May 18

- American Airlines Flight 743
 - Car Pickup at Waldorf's Park Avenue Entrance at 11:00am – taken to LGA. **Confirmation: WA3005099-2**
 - Depart New York, NY (LGA) at 12:45pm
 - Arrive Dallas/Fort Worth (DFW) at 3:30pm

- WALDORF=ASTORIA HOTEL

- **Confirmation Number: 3295357638**
 - Room and Incidentals for Friday covered by NOF, for Saturday covered by Dr. and Mrs. Burgess
 - Check-in at 3:00pm, Check-out at 12:00pm

- GALA PROGRAM – MAY 16

- 5:30pm – Arrive in Waldorf's Silver Corridor (3rd Floor) and check in with Roberta Biegel. Roberta will be there to assist you with anything you need that day – her cell phone is listed below.
 - 6:00-7:30pm – Reception in Jade and Basildon Rooms
 - 7:00pm – VIP/Honoree Photos in Astor Room
 - 7:30pm – Dinner in Grand Ballroom. Program lasts until about 9:50pm.
 - ~9:30pm – Hon. Paul Rogers will present Dr. Burgess with award at this time. A 2-3 minute acceptance speech is welcomed.
 - 9:50pm – Entertainment by the Bob Hardwick Orchestra
 - Table assignment – one of the head tables with NOF and Gala leadership, other honorees

- GALA MENU

- First Course: Asian Trio of Asian Summer Roll, Peanut Chicken Sate and Cilantro-Lime Cabbage Salad
 - Entrée: Chipotle Glazed short Rib with Wild Mushroom and Truffle Polenta Cake, Cippolini Onions and Grilled Asparagus
 - Dessert: Trio of Desserts – Chocolate Praline Crunch, Apple Cobbler and Cinnamon Ice Cream
 - *Please let me know ASAP if you prefer a Vegetarian Lasagna or Grilled Veggies with Cous Cous for your entree

- IMPORTANT NUMBERS

- Kelly Austin cell (NOF Event Planner): 703-919-7764
 - Roberta Biegel cell (NOF Public Policy): 202-368-1587
 - Waldorf=Astoria Hotel: 212-355-3000 / 1-800-WALDORF
 - Carey International Car Service: 718-784-5700
 - Dr. Burgess, please don't forget your cell phone and charger, as car reservations are tied to this: 202-841-7913

- MISCELLANEOUS

- Black-tie Attire

SILHOUETTE BALL
FRIDAY, MAY 16, 2008
THE WALDORF=ASTORIA HOTEL

CAR RESERVATION — FRIDAY FROM LAGUARDIA AIRPORT

General Information

Reservation Number: WA3005099 -1
Status: Open
Account Number:
Vehicle Type: Executive Sedan
Trip Type: Point-to-Point/City-to-City

Service Area

Country: United States Of America
Town/City: New York

Passenger(s)

Lead Passenger: Michael Burgess
Number of Standard-Size Bags: 2
Other Passengers: Laura Burgess

Contact Phone

Mobile Telephone: 202-841-7913

Pick Up

Date: May 16, 2008
Arrival Time: 14:30 (2:30 PM)
Location Name: Laguardia A/P
Carrier: American Airlines
Flight/Tail No.: 712
From: Dallas/Ft. Worth DFW
Greeter Requested: Yes
Meeting Instructions: Domestic Terminal: Main Terminal Area D
Domestic Meeting Point: Baggage
Pick Up Phone: 202-841-7913

Drop Off

Location Name: Waldorf=Astoria Hotel
Address1: 301 Park Avenue
Address2:
Town/City: New York
County/State/Province: NY
Postal/Zip Code: 10022
Country: United States Of America

Special Request

Description: Note: Congressman and Mrs. Michael C. Burgess, MD of Texas.
Alternate phone: Amanda Stevens 202-593-0793

SILHOUETTE BALL
FRIDAY, MAY 16, 2008
THE WALDORF=ASTORIA HOTEL

CAR RESERVATION — SUNDAY FROM WALDORF=ASTORIA HOTEL

General Information

Reservation Number: WA3005099 -2
Status: Open
Account Number:
Vehicle Type: Executive Sedan
Trip Type: Point-to-Point/City-to-City

Service Area

Country: United States Of America
Town/City: New York

Passenger(s)

Lead Passenger: Michael Burgess
Number of Standard-Size Bags: 2
Other Passengers: Laura Burgess

Contact Phone

Mobile Telephone: 202-841-7913

Pick Up

Date: May 18, 2008
Arrival Time: 11:00 (11:00 AM)
Location Name: Waldorf=Astoria Hotel
Address1: 301 Park Avenue
Address2:
Town/City: New York
County/State/Province: NY
Postal/Zip Code: 10022
Country: United States Of America
Pick Up Phone: 202-841-7913

Drop Off

Location Name: Lagueardia A/P
Carrier: American Airlines
Flight/Tail No.: 743
To: Dallas/Ft. Worth DFW
Meeting Instructions: Domestic Terminal: Main Terminal Area D
Domestic Meeting Point: Baggage

Special Request

Description: Waldorf pickup at Park Avenue entrance. Note: Congressman and Mrs. Michael C. Burgess, MD of Texas. Alternate phone: Amanda Stevens 202-593-0793

SILHOUETTE BALL
FRIDAY, MAY 16, 2008
THE WALDORF=ASTORIA HOTEL

STEPHANIE TUBBS JONES, OHIO
CHAIRWOMAN

GENE GREEN, TEXAS
LUCILLE ROYBAL-ALLARD, CALIFORNIA
MICHAEL F. DOYLE, PENNSYLVANIA
WILLIAM D. DELAHUNT, MASSACHUSETTS

WILLIAM V. O'REILLY,
CHIEF COUNSEL/STAFF DIRECTOR
LAWN KELLY MOBLEY,
COUNSEL TO THE CHAIRWOMAN

ONE HUNDRED TENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515-6328

April 18, 2008

DOC HASTINGS, WASHINGTON
RANKING REPUBLICAN MEMBER

JO BONNER, ALABAMA
J. GRESHAM BARRETT, SOUTH CAROLINA
JOHN KLINE, MINNESOTA
MICHAEL T. MCCAUL, TEXAS

TODD UNGERECHT
COUNSEL TO THE RANKING
REPUBLICAN MEMBER

SUITE HT-2, THE CAPITOL
(202) 225-7103

The Honorable Michael Burgess
U. S. House of Representatives
1224 Longworth House Office Building
Wash, DC 20515

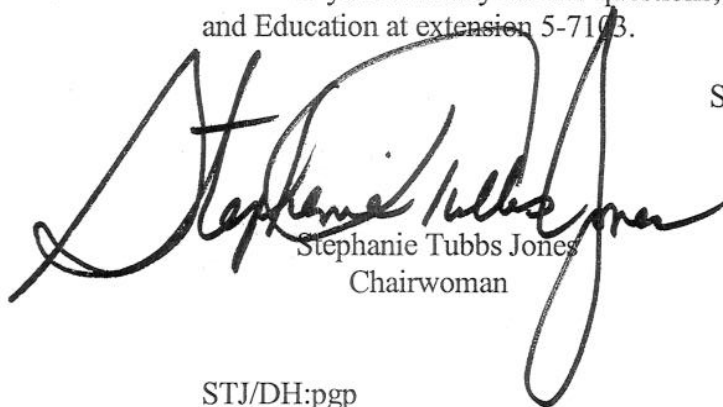
Dear Colleague:

Pursuant to House Rule XXV, clause 5(d)(2), the Committee on Standards of Official Conduct hereby approves your proposed trip to New York City, NY scheduled for May 16-18, 2008 sponsored by the National Osteoporosis Foundation.

You must complete a Member Travel Disclosure Form and file it with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are required to attach a copy of this letter and both the Private Sponsor Travel Certification Form (including attachments) and Member travel approval form you previously submitted to the Committee. You must also report all travel expenses totaling more than \$335 from a single source on Schedule VII of your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,



Stephanie Tubbs Jones
Chairwoman



Doc Hastings
Ranking Republican Member

STJ/DH:pgp